Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |   |  | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|------------------|---|--|---------------------|------------------------|-----|-------------------------------|------------------------|
| FOR   |  |   | NUMBER FILED     |   | NUMBER EXTRA                           |                     | FEE                    | Γ   | RATE                          | FEE                    |
| BASIC FEE   |  |   |                  |   |  | RATE                | 345.00                 | OR  |                               | 690.00                 |
| то  | TAL CLAIMS                                     | 20  | 2 minus 20       | )= 1  |  | X\$ 9=              |                        | OR  | X\$18=                        | 3.0                    |
| IND   | EPENDENT CL                                    | AIMS /  | 3 minus 3 = *    |   |  | X39=                |                        | OR  | X78=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                  |   |  | +130=               |                        | OR  | +260=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                  |   |  | TOTAL               |                        | OR  | TOTAL                         | 12600                  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                  |   |  |                     | ENTITY                 | OR  | OTHER<br>SMALL I              |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **  | =                                      | X\$ 9=              |                        | OR  | _X\$18=                       | -                      |
|   | Independent                                    | *   | Minus            | ***   | =                                      | X39=                |                        | OR  | X78=                          |                        |
|   | FIRST PRESE                                    | NTATION OF MU                                   | JETIPLE DEP      | ENDENT CLAIM                                  |  | +130=               |                        | OR  | +260=                         |                        |
|   |  |   |                  |   |  | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE           |                        |
|   |  | ADDIT: I EL                                     |                  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     |                        |     |                               |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | 100              | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                          | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **  | =                                      | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|   | Independent                                    | *   | Minus            | ***   | ]=                                     | X39=                |                        | OR  | X78=                          |                        |
| H   | FIRST PRESE                                    | NTATION OF M                                    | ULTIPLE DEP      | ENDENT CLAIV                                  |  | +130=               |                        | OR  | +260=                         |                        |
|   |  |   |                  |   |  | TOTAL ADDIT. FEE    |                        | OR. | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                      |                  | (Column 2)                                    | (Column 3)                             | ADDIT: TEE          |                        |     | 7,0011.120                    | •                      |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | 1                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **  | =                                      | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|   | Independent                                    |   | Minus            | ***   | =                                      | X39=                |                        | OR  | X78=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |   |  | +130=               |                        | OR  | +260=                         |                        |
|   | If the entry in colu                           | ımn 1 is less than t                            | he entry in colu | mn 2, write "0" in c                          | olumn 3.                               | TOTAL               |                        | ł   | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |   |  |                     |                        |     |                               |                        |